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## Facsimile

To: Examiner: Robinson-Boyce, A.  
Art Unit: 3623  
Fax No.: (703) 872-9327  
From: Thomas F. Presson  
Date: February 27, 2003  
Subject: Serial No.: 09/475,364  
Pages: 11 (including this cover)

*Official***FAX RECEIVED**

Re: U.S. Patent Application Serial No.: 09/475,364  
Our Docket # E-906

MAR 03 2003

Enclosed please find a response to the Office Action mailed December 28, 2002 in regards to the above referenced application.

**GROUP 3600**

### CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following correspondence is being transmitted  
via facsimile to:

Patent and Trademark Office  
Attention: Examiner Robinson-Boyce, A. Group Art Unit: 3623  
Facsimile No. (703) 872-9327

1. Amendment Transmittal form (1 page); and
2. Amendment In Response to December 28, 2002 Office Action (9 pages).

on February 27, 2003  
Date of Transmission

Marlene Olphonc  
Name of Rep.

Marlene Olphonc  
Signature

February 27, 2003  
Date

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re patent application of: ) Attorney Dock t No.: E-906  
 Raymond G. Mathers, et al. ) Group Art Unit: 3623  
 Serial No.: 19/475,364 ) Examiner: Robinson-Boyce, A.  
 Filed: December 30, 1999 ) Confirmation No.: 6248  
 ) Date: February 27, 2003

Title: METHOD AND SYSTEM FOR TRACKING DISPOSITION STATUS  
 OF AN ITEM TO BE DELIVERED WITHIN AN ORGANIZATION

**AMENDMENT TRANSMITTAL LETTER**

Assistant Commissioner for Patents  
 Washington, D.C. 20231

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Sir:

**GROUP 3600**

Transmitted herewith is an amendment in the above-identified application. The fee has been calculated as shown below.

	Claims Remaining After Amendment	-	Highest Number Previously Paid For	=	Number of Extra Claims Present	X	Rate	=	Additional Fee
Total Claims	18	-	24	=	0	X	\$18.00	=	0.00
Independent Claims	2	-	3	=	0	X	\$84.00	=	0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>									<b>0.00</b>

No additional fee is required.

Please charge any additional fees or credit overpayment to Deposit Account Number 16-1885.

*Thomas F. Presson*  
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**CERTIFICATE OF FACSIMILE**

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